

Exhibit 26

Robert B. Altmeyer, M.D.

PULMONARY MEDICINE

DIPLOMATE AMERICAN BOARD OF INTERNAL MEDICINE
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1131 NATIONAL ROAD
WHEELING, WV 26003
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ASBESTOS MEDICAL EVALUATION

KT66

SS#: .9079

HISTORY:

This patient is a 52-year-old white male who has worked as a painter and sand blaster from 1968 until 1998. He had a mass starting in his lung in 1990. By 1996, he said it went from the size of the tip of his finger to several inches in diameter. He underwent thoracic surgery for this, and he said a diagnosis of "silicosis" was made. This man has done extensive sand blasting. He has worked in some areas where asbestos was being used and was around insulators, boiler makers, and pipe fitters, and he has removed some asbestos off of pipes. He currently uses a mask whenever he sand blasts. He has not worked directly with asbestos products.

SMOKING HISTORY:

He has never smoked tobacco.

PAST MEDICAL HISTORY:

He states that currently he is taking an antibiotic for prostate infection. He had a thoracotomy in 1996 with removal of this benign silicotic mass by history. He has no history of heart disease, asthma, tuberculosis, pneumonia, injury to his chest, other chest surgery, or pleurisy. Currently, he has exertional dyspnea, but he has no cough, wheezing, or chest pain.

PHYSICAL EXAMINATION:

Height: 71 inches.

Weight: 192 pounds.

Neck: There was no hepatojugular reflux or jugular venous distention.

Chest: There were no velcro crackles at the bases. There was a minimally prolonged forced expiratory time. The breath sounds were decreased at the right base.

Heart: The heart was regular without murmur, gallop, rub, or click.

Extremities: There was no peripheral edema. The nails were not cyanosed or clubbed.

March 19, 1999

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RE:

CHEST X-RAY INTERPRETATION:

A chest x-ray shows diffuse pleural thickening and volume loss of the right lung. There are some small rounded opacities, category p/q 1/0, in the right upper and right mid lung zones. The heart is within normal limits in size and shape. The soft tissues are normal.

PULMONARY FUNCTION TESTS:

Pulmonary function studies revealed that there was a minimal degree of airways obstruction. There was no restrictive impairment as the total lung capacity was normal. There was a significant diffusing impairment with the total lung capacity being 44% of predicted, and it improves to 59% of predicted which is still moderately reduced, after adjustment for alveolar volume.

IMPRESSION:

On the basis of history, physical examination, review of a chest x-ray, and pulmonary function studies, it is my opinion that this man does have silicosis. He has, apparently, a biopsy proving that he has silicosis and radiographically, he does have mild small rounded opacities in the right upper and right mid lung zone. The pleural thickening along the right lateral chest wall is likely post-surgical in nature. There were no irregular opacities to suggest asbestosis.

Since the specific diffusing capacity is only 59% of predicted, one must assume that the reduction in the diffusing capacity is a result of early silicosis which is known to do so. I suggested that this man be followed closely by his personal physician and a pulmonologist with serial chest x-rays and examinations. I advised him strongly to avoid any future exposure to silica dust.

Sincerely,

Robert B. Altmeyer, M.D.

RBA/hmc

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